



## Health Professional Shortage Areas and Scoring June 22, 2016

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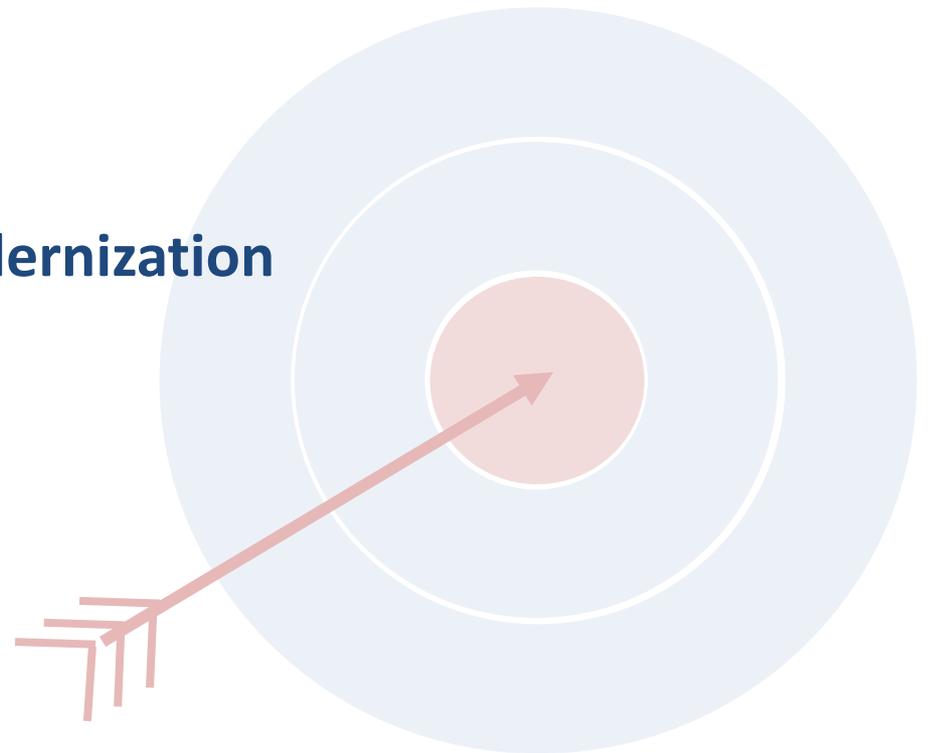
**Acting Deputy Director, Division of Policy and Shortage Designation  
Bureau of Health Workforce (BHW)**

**Health Resources and Services Administration (HRSA)**



# Today's Discussion Topics

1. Programs that use shortage designations
2. Types of Health Professional Shortage Area (HPSA) designations
3. HPSA designation criteria
4. HPSA scoring
5. Shortage designation modernization



# Shortage Designations

## Not just the NHSC and CHC Program Anymore

Shortage Designation Option	National Health Service Corps (NHSC)	NURSE Corps	Health Center Program	CMS Medicare Incentive Payment	CMS Rural Health Clinic Program	J-1 Visa Waiver
Primary Care						
Geographic HPSA	X	X		X	X	X
Population HPSA	X	X			X	X
Facility HPSA	X	X				X
Dental Care						
Geographic HPSA	X					
Population HPSA	X					
Facility HPSA	X					
Mental Health						
Geographic HPSA	X	X		X		X
Population HPSA	X	X				X
Facility HPSA	X	X				X
Exceptional MUP			X			X
Medically Underserved Area			X		X	X
Medically Underserved Population			X			X
State Governor's Certified Shortage Area					X	

# Types of HPSAs

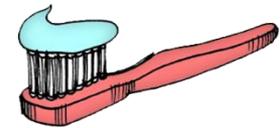
*A shortage of:*



Primary  
Care



Mental  
Health



Dental  
Health

*in a:*



Geographic Area



Population  
Group



Facility



# HPSA Designation Criteria

While the general components of designation analysis are similar across designation types, the specific eligibility criteria vary depending on designation type...



Geographic Area



Population



Facility

# HPSA Designation Criteria

In order to achieve a designation, the area under consideration must:

1

Be a **rational area** for the delivery of services;

2

Have a **certain ratio of population to providers** serving the area that has been determined to qualify as a shortage; and

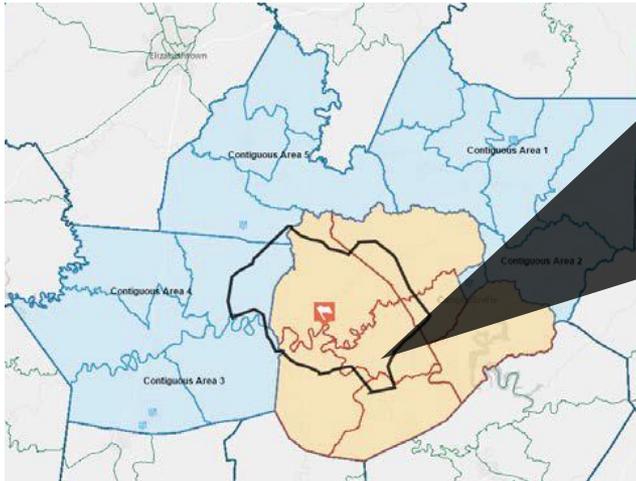
3

Demonstrate that health professionals in contiguous areas are **excessively distant, over-utilized, or inaccessible** to the population under consideration.



# 1

## Rational Service Area



### Rational Service Area (RSA)

A state-identified geographic area within which most area residents could or do seek and obtain most of their health care services

RSAs can be:

- 1) A whole county
- 2) Multiple counties
- 3) Sub-counties
- 4) Statewide Rational Service Areas (SRSA)
- 5) Catchment areas (for mental health only)

Rules of RSA Determination:

- 1) RSAs cannot overlap existing designations
- 2) RSAs cannot be smaller than a census tract
- 3) Exceed travel time between population centers
- 4) RSAs cannot carve out interior portions

# 2

## Ratio of Population to Providers Which Providers Count?



### Primary Care

Includes Doctors of Medicine (MD) and Doctors of Osteopathy (DO) who provide services in the following specialties:

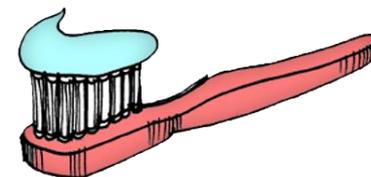
- Family Practice
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics



### Mental Health

Includes:

- Psychiatrists
- Clinical Psychologists
- Clinical Social Workers
- Psychiatric Nurse Specialists
- Marriage & Family Therapists



### Dental Health

Includes:

- Dentists
- Dental Auxiliaries

Dental auxiliaries are defined as any non-dentist staff employed by the dentist to assist in the operation of the practice.

*Note: Providers solely engaged in administration, research or training are excluded.*

# 2

## Ratio of Population to Providers

### What are the ratios?

Each HPSA category has a unique **ratio of population to providers**, which has been identified as the point at which it can be designated as having a shortage of health professionals.

	Primary Care	Mental Health	Dental Health
Geographic	3,500:1	6,000:1 & 20,000:1 CMH and Psychiatrists OR 9,000:1                      30,000:1 CMH only                      Psy only	5,000:1
Population	3,000:1	4,500:1 & 15,000:1 CMH and Psychiatrists OR 6,000:1                      20,000:1 CMH only                      Psy only	4,000:1
Facility	1,000:1	2,000:1	1,500:1
	<i>Min Pop 500</i>	<i>Min Inmate Pop 250</i>	<i>Min Pop 1,000</i>

# 2

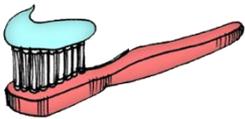
## Ratio of Population to Providers

### What constitutes high need?

- Population of the area must meet at least one of several criteria demonstrating higher than normal need.



- At least 20% population at or below 100% FPL
- More than 100 births/year per 1,000 women ages 15-44
- More than 20 infant deaths per 1,000 live births
- Have insufficient capacity



- At least 20% of the population has income at or below 100% FPL
- More than 50% of the population has no fluoridated water
- Have insufficient capacity

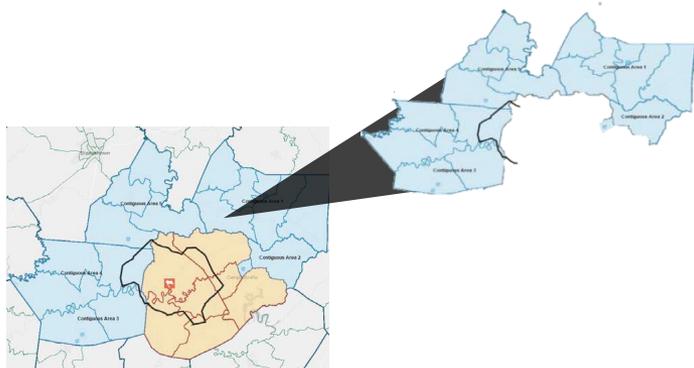


- At least 20% of the population at or below 100% FPL
- The youth ratio exceeds 0.6
- The elderly ratio exceeds 0.25
- A high prevalence of alcoholism
- A high degree of substance abuse

# 3

## Review of Contiguous Area (CA) Resources

When determining whether an area's "neighbors" are accessible for health care services, HRSA asks:



- Are the providers *excessively distant*?
- Are the providers *over-utilized*?
- Are the CA providers *inaccessible*?
- Is there a *demographic disparity*?
- Does the CA have *economic barriers*?

# Facility HPSA Designations



## Federal and State Correctional Institutions

- Be **medium** or **maximum** security
- Have at least **250** inmates
- Meet internees/year to provider ratio thresholds:

Primary  
Care

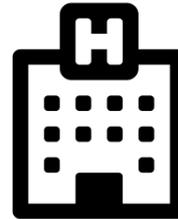
**1,000:1**

Dental  
Health

**1,500:1**

Mental  
Health

**2,000:1**



## State and County Mental Hospitals

- Have an average daily inpatient census of at least **100**
- The number of workload units per psychiatrist FTE exceeds **300**



## Public or Non-Profit Medical Facilities

- Provide primary care, dental, or mental health services to a similarly **designated** geographic or population HPSA
- Have **insufficient capacity** to meet the needs of that area or population group

# Automatically Designated HPSAs

Using the statute and regulations, HRSA has deemed the following facility types as eligible for automatic HPSAs:

- ✓ **Health Centers (funded under Sec. 330)**
- ✓ **Health Center Look-Alikes**
- ✓ **Tribally-Run Clinics**
- ✓ **Urban Indian Organizations**
- ✓ **Dual-Funded Tribal Health Centers**
- ✓ **Federally-Run Indian Health Service Clinics**
- ✓ **Rural Health Clinics**

# Auto HPSAs compared to other HPSAs:

## Similar but not the same

### Other HPSAs

- Designation & scoring done online
- Criteria used to first designate as HPSA
- Criteria used to determine HPSA score
- Scores range from 0-25 (26 for dental)
- Designations are required to be reviewed and updated as necessary annually
- Score of “0” is rare

### Automatic Facility HPSAs

- Designation & scoring currently done ***manually***
- ***No designation*** process necessary
- Same criteria used to determine HPSA score as other HPSAs
- Same scoring range used
- Designations are ***not required*** to be reviewed; updates must be requested by facility
- Score of “0” ***more frequent*** and means low shortage or no data was provided by the facility



# How are HPSA Scores Used?



- 1 Priority in Awards
- 2 Award Levels
- 3 Scholar Placement



- 1 Funding Preference
- 2 Scholar Placement

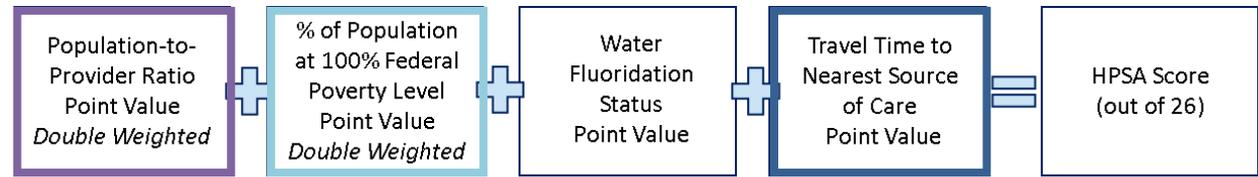
# HPSA Scoring Criteria

HPSA scores are based on a variety of factors and range from 0 to 25 in the case of Primary Care and Mental Health, and 0 to 26 in the case of Dental Health.

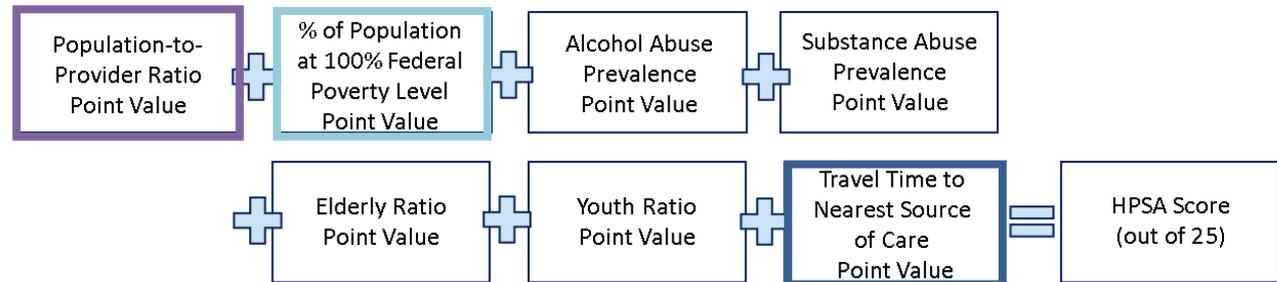
## Primary Care 0-25



## Dental Health 0-26



## Mental Health 0-25



# HPSA Scoring Calculations

Factor	Primary Care			Dental Health			Mental Health
	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded
Population : Provider Ratio	5	x 2	= 10	5	x 2	= 10	7
% of Population below FPL	5	x 1	= 5	5	x 2	= 10	5
Travel distance/time to NSC	5	x 1	= 5	5	x 1	= 5	5
Ratio of children under 18 to adults 18-64	5	x 1	= 5	1	x 1	= 1	3
Ratio of adults 65 and older to adults 18-64							3
Substance prevalence							1
Alcohol abuse prevalence							1
<b>Max Score:</b>	<b>= 25</b>			<b>= 26</b>			<b>= 25</b>

# HPSA Scoring Criteria Example

## Primary Care 0-25



Population-to-Provider Ratio  
Point Value  
Double Weighted

= 7,249 : 1

Primary Care Ratio	Core Primary Care Ratio	Ratio Value
10,000 : 1 ≤ Ratio	No Physicians and 2,500 ≤ Population	5
5,000 : 1 ≤ Ratio < 10,000 : 1	No Physicians and 2,000 ≤ Population	4
4,000 : 1 ≤ Ratio < 5,000 : 1	No Physicians and 1,500 ≤ Population	3
3,500 : 1 ≤ Ratio < 4,000 : 1	No Physicians and 1,000 ≤ Population	2
3,000 : 1 ≤ Ratio < 3,500 : 1	No Physicians and 500 ≤ Population	1

% of Population  
at 100% Federal  
Poverty Level  
Point Value

= 60%

100 percent of Poverty Rate	Poverty Value
50% ≤ Poverty	5
40% ≤ Poverty < 50%	4
30% ≤ Poverty < 40%	3
20% ≤ Poverty < 30%	2
15% ≤ Poverty < 20%	1

Infant Health Index  
Point Value  
(Based on IMR or  
LBW Rate)

IMR = 8.25  
LBW = 8.3%

Infant Mortality Rate or Low Birth Weight	Infant Health Value
20 ≤ IMR or 13% ≤ LBWR	5
18 ≤ IMR < 20 or 11% ≤ LBWR < 13%	4
15 ≤ IMR < 18 or 10% ≤ LBWR < 11%	3
12 ≤ IMR < 15 or 9% ≤ LBWR < 10%	2
10 ≤ IMR < 12 or 7% ≤ LBWR < 9%	1

Travel Time to  
Nearest Source  
of Care  
Point Value

Travel Distance = 7 miles  
Travel Time = 62 minutes

Time (in minutes) or Distance (in miles)	Travel Value
60 ≤ Time or 50 ≤ Distance	5
50 ≤ Time < 60 or 40 ≤ Distance < 50	4
40 ≤ Time < 50 or 30 ≤ Distance < 40	3
30 ≤ Time < 40 or 20 ≤ Distance < 30	2
20 ≤ Time < 30 or 10 ≤ Distance < 20	1

# HPSA Scoring Criteria Example

## Primary Care 0-25



IMR is excluded because you take the higher of the two scores between IMR and LBW

Distance is excluded because you take the higher of the two scores Travel Time and Travel Distance

HPSA Criteria	Values	Primary Care Final Score
Population-to-Provider Ratio	7,249 : 1	(4x2) = 8
100 percent of Poverty Rate	60%	(5x1) = 5
Infant Mortality Rate	8.25	(0)
Low Birth Weight Rate	8.3%	(1x1) = 1
Time (in minutes)	62 minutes	(5x1) = 5
Distance (in miles)	7 miles	(0)
		<b>19</b>

# Shortage Designation Project

Bridging people, processes, and data



# Shortage Designation Project | Today & the Future

## Today



Every new designation uses the same standardized data.



Application and review steps are fully automated and have eliminated manual processing.



Business rules and system validations are reflective of regulation and policy and applied to every designation.



Policy definition well aligned with authorizing statutes and regulations.



Paper has been eliminated, excluding supporting documentation.



## The Future



Every migrated designation uses the same standardized data with the HPSA update and continue to source standardized data.



Release additional functionality to streamline and automate.



Continue requirements definition with State and HRSA involvement for additional functionality.

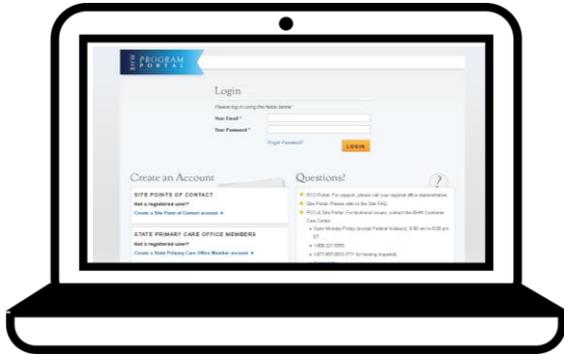


Ongoing clarification of regulations in order to define policy and requirements.

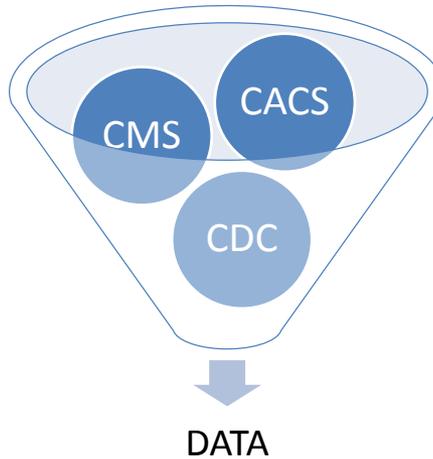


A fully automated, transparent shortage designation business process that leverages standardized, national data for timely and accurate designations.

# Shortage Designation Management System (SDMS) ...



... is an **application tool** used to manage designations



... uses **standard data sets** to calculate designations

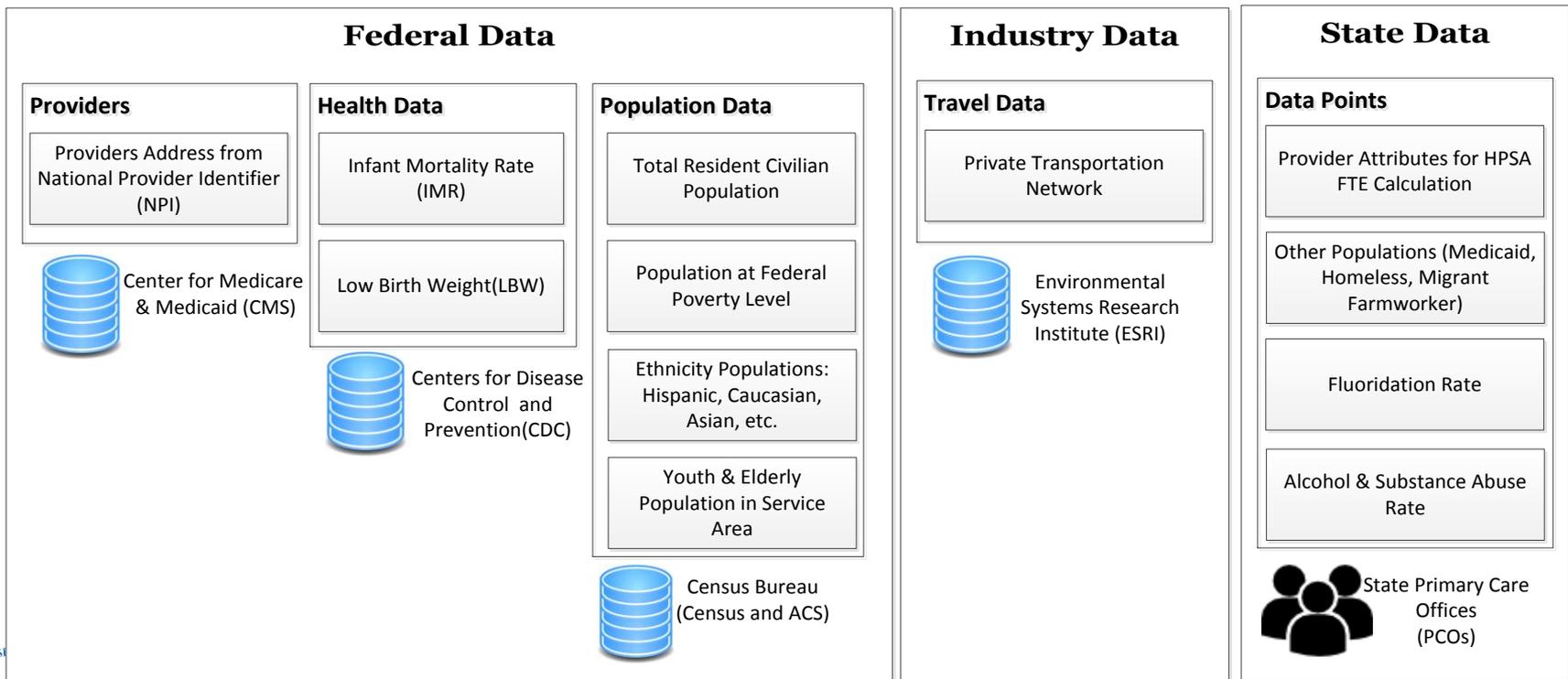


... is written based on **regulations**

# SDMS Data Sources

- **Standardized data are sourced from:**

- The Centers for Medicare and Medicaid Services (CMS) for provider data
- The Centers for Disease Control and Prevention (CDC) for infant health data
- The Census Bureau for population data
- The Environment Systems Research Institute (ESRI) for travel and spatial mapping data



# Stakeholder Engagement

## Feedback Mechanisms for State Input:

- State PCO/PCA/HRSA Steering Committee
- State PCO/HRSA Technical Working Group
- State PCO/HRSA Policy Working Group
- PCO monthly conference calls
- Dedicated shortage designation email box
- Individual State PCO interaction with HRSA Project Officers

## Additional Support Resources:

- Individual State PCO technical assistance
- SDMS demos and hypercare sessions
- User guides, policy and procedures manuals
- Monthly National SDMS snapshots
- Monthly State-specific snapshots
- Webinars and trainings



# Project Timeline—Key Milestones\*

## October 2016

- PCOs finish updating current providers
- HRSA begins impact analysis

## May 2017

- PCOs finish updating new providers

## July 2017

- Update of all designations

## January 2017

- Initial impact analysis provided to stakeholders

## June 2017

- Second impact analysis provided to stakeholders

*\*PCOs can submit, review, revise, or withdraw designations at any time.*

# Questions



# Connect With Us

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